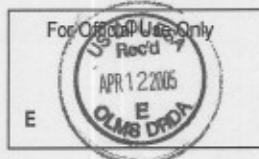


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2025</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT</u> <u>W</u> <u>STROWE</u> P.O. Box, Bldg., Room No., if any Street <u>2946 GYPSUM CIRCLE</u> City <u>NAPERVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60564</u>	4. Name, file number, and address of labor organization. Name <u>AIR LINE PILOTS ASSOCIATION INTERNATIONAL</u> Labor Organization File Number <u>6651</u> <u>542-674</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 1169</u> Street City <u>HERNDON</u> State <u>VIRGINIA</u> ZIP Code + 4 <u>20172-1169</u>
5. Position in labor organization. <u>F.O. REPRESENTATIVE, LEL CHAIRMAN</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>AIR WISCONSIN AIRLINES CORPORATION</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>W6390 CHALLENGER DR. SUITE 203</u> City <u>APPLETON</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>54914-9120</u>	7.a. Nature of Interest, Transaction, or Income. <u>NONE</u> 7.b. Amount. <u>0</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 3/31/05
Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

01/05
15:54

Air Wisconsin Airlines Corp.
Pilot Payroll Report for DEC04

Sabre Cre :
Pay .06

ORD 8166 STROWE*HMX, JENNIFER M

DD	A/P	FAR Blk +	D/H Done +	Pback +	Taxi +	Seg Diff =	Block Total	Chg Irr Cde Ops	Act Cdt	Sked Cdt	Drp Cdt	Sked D-Rig	Act D-Rig	Sked T-Rig	Act T-Rig	Pay Hrs	Per Diem	Prg#	Act Ckin	Act Ckot	Act Cty
01	4CA	5:22		0:04		0:23	5:49	AWD	5:49	5:49		4:01	4:17	19:59	20:07	5:49	14:12	04451	05:38	14:12	
02	4CA																				
03	4CA																				
04	4CA	5:08		0:05		0:02	5:15	AWD	5:15	5:11		4:44	4:39				16:30	04618I	07:30	16:47	BMI
05	4CA	5:18		0:04			5:22	AWD	5:22	5:03		4:00	3:57				24:00	04618I	05:15	14:09	HPH
06	4CA	7:04		0:01		0:38	7:43	AWD W	8:35	7:02			7:33				24:00	04618I	07:59	22:05	ORD 12.73
07	4CA	4:50		0:07		0:01	4:58	AWD W	7:02	6:29			4:07		19:59	26:14	15:24	04618I	07:10	15:24	
08	4CA																				
09	4CA																				
10	4CA																				
11	4CA	6:05		0:04		0:21	6:30	AWD	6:30	6:21		5:14	5:18				15:35	04653	08:25	20:00	JAX
12	4CA	4:15		0:05		0:18	4:38	AWD	4:38	4:25		3:19	3:05				24:00	04653	07:25	13:35	TYS
13	4CA	5:30		0:17		0:04	5:51	AWD	5:51	5:21		4:29	4:38				24:00	04653	05:25	14:40	CHS
14	4CA	2:15		0:05		0:04	2:24	AWD	2:24	2:24		1:42	1:40	18:04	18:03	19:23	8:35	04653	06:15	08:35	
15	4CA																				
16	4CA																				
17	4CA	6:27		0:05	0:45	0:17	7:34	AWD O	7:34	7:21		6:08	6:10				17:45	04535D	06:15	19:35	GSO
18	4CA	5:57		0:05		0:45	6:47	AWD	6:47	6:34		6:08	6:39				24:00	04535D	09:13	22:30	YOW
19	4CA	4:18		0:02			4:20	AWD O	6:51	6:50			5:40				24:00	04535D	13:39	23:59	ORD 16.24
20	4CA	4:38	2:14	0:07			6:59	AWD	6:59	6:15		4:25	4:48		21:44	28:11	21:10	04535D	11:35	21:10	
21	4CA																				
22	4CA																				
23	4CA																				
24	4CA	5:00		0:12		0:08	5:20	AWD	5:20	4:57		3:59	4:25				10:05	04787	13:55	23:45	JFK
25	4CA	3:33		0:07			3:40	AWD	3:40	3:21		2:58	3:00				24:00	04787	13:45	19:45	ATL
26	4CA	3:14		0:08		0:12	3:34	AWD	3:34	3:25		2:37	2:41				24:00	04787	08:53	14:15	MHT
27	4CA	6:57		0:04		0:16	7:17	AWD	7:17	7:09		4:38	4:53	17:54	18:01	19:51	14:00	04787	05:15	14:00	
28	4CA																				
29	4CA																				
30	4CA																				
31	4CA																				
		85:51	2:14	1:42	0:45	3:29	94:01		99:28	93:57						99:28	325:16				

GRAND TOTAL (Pay Hrs 99:28 + Adj 0:00) = 99:28 - 75:00 = 24:28 - Requested Unpaid Sick 0:00 = Final Pay 24:28

Taxable \$ 0.00 Reportable \$ 0.00 Non-Reportable \$455.38 Total Per Diem \$455.38 Requested Sick 0:00 Vacation 0:00